

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119-22

## CERTIFICATE OF DEATH

01436

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County Cabnet  
 City or town Prince Frederick, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 day  
 Hospital, institution, or street address where death occurred:  
Cabnet County Hospital  
 How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cabnet  
 City or town Oliver  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Oliver, Md.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war 220

## 3. (a) FULL NAME

Thomas Roland Barnett

## 3. (b) Social Security Number

824

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

S

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1946 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Feb 10 1946, to Feb 11 1946  
 and that I last saw him alive on Feb 11 1946

Immediate cause of death

Heart  
cause undetermined

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Prince Frederick Date signed 2/12/46

## 6. (b) Name of husband or wife

6. (c) If alive, give age years

## 7. Birth date of

deceased (mo., day, yr.)

April 14, 1945

## 8. AGE:

Years

Months

Days

If less than one day

0927

hrs.

min.

## 9. Birthplace

Cabnet Co., Md. - Prince Frederick, Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

Infant

## FATHER

## 12. Name

Lewis A. Barnett

## 13. Birthplace

Cabnet Co., Md.

## MOTHER

## 14. Maiden name

May Estelle Thomas

## 15. Birthplace

Cabnet Co., Md.

## 16. Informant

Lewis Barnett

## Address

Oliver, Md.

## 17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

Feb 14, 1946  
(month) (day) (year)

## Cemetery or crematory

Oliver

## Location

Oliver, Md.

## 18. Funeral director

D. I. Harkness & Son

## Address

Mutual, Md.

## 19.

2-14 1946  
(Date rec'd by registrar)D. N. King

Registrar

RECEIVED  
FEB 15 1961  
BUREAU A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 01437 52

## 1. PLACE OF DEATH:

County Calvert Co.City or town Dunkirk  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town \_\_\_\_\_  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Margaret Cullember

## 3. (b) Social Security Number

## 4. Sex

F

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife James W. Cullember

## 7. Birth date of

deceased (mo., day, yr.)

26 March 1866

6. (c) If alive give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

80

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Solomons Calvert Co. Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

## FATHER

## MOTHER

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

Address

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb 9 1946  
(month) (day) (year)

Cemetery or crematory

Location

## 18. Funeral director

Address

## 19. Date

Feb 7 1946  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1946 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 Feb 1946 to 6 Feb 1946and that I last saw ex alive on 6 Feb 1946

Immediate cause of death

Myocarditis

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE

M. D. or other

Address Baltimore Md. Date signed 7/28/46

UNITED STATES DEPARTMENT OF JUSTICE

CRIMINAL DIVISION

RECEIVED

MAR 12 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

01438 26

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County Cabot  
 City or town Bromes Island, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cabot  
 City or town Bromes Island, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war No

## 3. (a) FULL NAME

Charles F. Fleming

## 3. (b) Social Security Number

No

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Margaret A. Fleming 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Nov. 19, 1890  
 8. AGE: Years 55 Months 2 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cambridge, Md  
 (Town, county, and state)  
 10. Usual occupation Maintenance  
 11. Industry or business

FATHER 12. Name ?  
 13. Birthplace ?  
 MOTHER 14. Maiden name ?  
 15. Birthplace ?

16. Informant John F. Duerbeck  
 Address 1632 S. Grundy St., Balto, Md  
 17. Burial Date thereof Feb 17, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Bromes Island  
 Location Bromes Island, Md

18. Funeral director G. O. Harkness & Son  
 Address Mutual, Ind.

19. 2/16 19 46 J. N. King  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15, 1946 at 10 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15, 1946 to Feb 15, 1946  
 and that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_  
 Immediate cause of death Coronary thrombosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Patient died suddenly  
I was called after death  
 (Include pregnancy within 8 months of death)

## DURATION

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results No  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE R. D. Sillars M. D. or other \_\_\_\_\_  
 Address Prince Frederick Date signed 2/16/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on FILM No. I O 4 MAY 31 1946 is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH  
of deceased is shown on 2411 N. Charles St., Baltimore (93-2)  
FILM No. I O 4 MAY 31 1946 CERTIFICATE OF DEATH

01439

15

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County CalvertCity or town Parran  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Parran  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Alice Freeland

## 3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 18788. AGE: Years 68 Months 07 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Calvert  
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

12. Name Jessie Reid sr.13. Birthplace Calvert14. Maiden name Mary E. Monseil15. Birthplace Calvert16. Informant Oliver FreelandAddress Parran, Md.17. Burial Date thereof 2/9/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Plum PointLocation Calvert18. Funeral director P.E. SeawellAddress Prince Frederick Md.19. 2-9 19 46 J. N. King  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6/ 19 46 at 4:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 19 46 to Feb 6 19 46  
and that I last saw u alive on Feb 5 19 46Immediate cause of death Cerebral hemorrhage

## DURATION

Due to hypertension c. v. d

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

Signature R de Villanueva

23. SIGNATURE \_\_\_\_\_ M. D. or other

Address Prince Frederick Date signed Feb 7/46

000000

RECEIVED TO THE DIRECTOR, FBI

RECEIVED TO THE DIRECTOR, FBI

RECEIVED TO THE DIRECTOR, FBI

RECEIVED TO THE DIRECTOR, FBI

RECEIVED TO THE DIRECTOR, FBI

RECEIVED TO THE DIRECTOR, FBI

RECEIVED TO THE DIRECTOR, FBI

RECEIVED  
FEB 12 1946  
BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-6

## CERTIFICATE OF DEATH

01440 18

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County... CalvertCity or town... Sunderland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

McChellan Johnson

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Florine Johnson

7. Birth date of

deceased (mo., day, yr.)

1891

6. (c) If alive, give age... years

58

8. AGE:

Years

Months

Days

If less than one day

55

hrs.

min.

9. Birthplace

Calvert  
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER  
MOTHER

12. Name

Major Johnson

13. Birthplace

Calvert

14. Maiden name

Mary Green

15. Birthplace

Calvert

16. Informant

Address

Sunderland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

2-11-46  
(month) (day) (year)

Cemetery or crematory

St Hope

Location

Calvert

18. Funeral director

Address

P. F. SwellPrince Frederick Md19. 2-9

(Date rec'd by registrar)

19. 4619. 4619. 46

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Calvert  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

8 Feb19 46at 10<sup>30</sup> A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

2 Jan19 43to 7 Feb19 46and that I last saw him alive on 7 Feb19 46

Immediate cause of death

Carcinoma prostate

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

7 Feb 46



03718

RECEIVED - BUREAU OF THE ARMY

HEADQUARTERS

RECEIVED

FEB 12 1946

BUREAU OF THE ARMY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

01441

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County... CalvertCity or town... Huntingtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Daniel Mackall

4. Sex

m

5. Color or race

C

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov 14, 45

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

3

hrs. min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

md

County

Calvert

City or town

Huntingtown - md  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

2/8/1946 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/1 1946 to 1946and that I last saw him alive on 2/1 1946

Immediate cause of death

Dissective pneumonia?

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

CERTIFICATE OF DEATH

RECEIVED

RECEIVED  
FEB 12 1946  
BUREAU

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 450

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County Cabaret  
 City or town Mutual, Ind.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Cabaret  
 City or town Mutual  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war 720

## 3. (a) FULL NAME

John S. Williams, Sr.

## 3. (b) Social Security Number

213-18-1113

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Ethel S. Williams6. (c) If alive, give age 64 years

## 7. Birth date of

deceased (mo., day, yr.)

Oct. 20, 1883

## 8. AGE:

Years

Months

Days

If less than one day

6244

hrs.

min.

## 9. Birthplace

Cabaret County, Ind.  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

## FATHER

## 12. Name

Thomas H. Williams

## 13. Birthplace

Cabaret Co., Ind.

## MOTHER

## 14. Maiden name

Elvise Ireland

## 15. Birthplace

Cabaret Co., Ind.

## 16. Informant

Vernon Williams

## Address

Mutual, Ind.

## 17.

Burial  
(Burial, cremation, or removal, Which?)

## Date thereof

Feb 26, 1946  
(month) (day) (year)

## Cemetery or crematory

Christ Church

## Location

Port Republic, Ind.

## 18. Funeral director

G. A. Haskew & Son

## Address

Mutual, Ind.

## 19.

2-26  
(Date rec'd by registrar)19 46L. H. King

Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb. 24, 1946, at 10:1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 Oct 1946, to 10 Feb 1946and that I last saw him alive on 10 Feb 1946

Immediate cause of death

DURATION

Carcinoma metastatic.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Haskew

M. D. or other

Address Hickoryburg Date signed 26 Feb 46

RECEIVED

MAR 1 1946

BUREAU V F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 52

## 1. PLACE OF DEATH

County CalvertCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Calvert County CalvertCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Richard Roland Wilson

## 3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Sarah Wilson7. Birth date of deceased (mo., day, yr.) June 10, 1875 5. (c) If alive, give age 63 years8. AGE: 70 Years 6 Months 6 Days If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Town, and state10. Usual occupation Farmer11. Industry or business Robert Wilson12. Name Robert Wilson13. Birthplace Adeline Hope14. Maiden name Kelly Wilson15. Birthplace Burial16. Informant BurialAddress Burial17. (Burial, cremation, or removal, Which?) Burial Date thereof 2/18/46  
(month) (day) (year)Cemetery or crematory CemeteryLocation Coopers Chapel18. Funeral director Pinkey SewellAddress Orance Frederick19. Feb 18 19 46 Grace P. Hutchins  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16 19 46 at 7:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death Ischemic heart disease

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide gunshot Date of 2/17/46Where did injury occur? Baltimore (City or town) Calvert (County) MD (State)Injured at home, farm, industry, public place (where?) highwayMeans of injury auto accident Injured at work? no23. SIGNATURE Grace P. Hutchins M. D. or otherAddress Baltimore Date signed 2/18/46



RECEIVED

MAR 12 1946

BUREAU V.S.